ACORD. CERTIFICATE OF LIABILIT						SURANC	E OPID MO	DATE (MM/DD/YY)	
PRODUCER  THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION									
SilverStone Group Incorporated 300 W. Broadway, Suite #200						ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
Council Bluffs IA 51503 Phone: 712-325-1717 Fax: 712-329-3131					INSURERS AFFORDING COVERAGE				
INSURED					INSURER A	MSURERA Employers Mutual Casualty Co.			
Oakview Construction, Inc. 1981 "G" Avenue Red Oak IA 51566					INSURER 8	INSURER 8			
					INSURER C				
					INSURER D				
					INSURER E:				
T A	HE POLICIES OF INSL NY REQUIREMENT, TO AY PERTAIN, THE INS	ERM OR CONDIT SURANCE AFFOR	BELOW HAVE BEEN ISSUED ION OF ANY CONTRACT OR IDED BY THE POLICIES DES MAY HAVE BEEN REDUCED	OTHER DOCUME! CRIBED HEREIN I	NT WITH RESPEC IS SUBJECT TO A	CT TO WHICH THIS (	CERTIFICATE MAY BE ISSUE	ED OR	
NSR TR	TYPE OF INSU	RANCE	POLICY NUMBER	7	OLICY EFFECTIVE ATE (MM/OD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	<del></del>	
	GENERAL LIABILITY				·		EACH OCCURRENCE	s 1,000,000	
A	X COMMERCIAL GENE	FRAL LIABILITY	1D50384-03		08/01/02	08/01/03	FIRE DAMAGE (Any one fire)	100,000	
	CLAIMS MADE	X OCCUR					MED EXP (Any one person)	\$ 5,000	
	<u></u>						PERSONAL & ADV INJURY	\$ 1,000,000	
	<u> </u>			-			GENERAL AGGREGATE	\$ 2,000,000	
	GENIL AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG	12,000,000	
	POLICY PR	CT LOC							
A	AUTOMOBILE LIABILITY  ANY AUTO		1E50384-03		08/01/02	08/01/03	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	ALL OWNED AUTOS SCHEDULED AUTOS						SODILY INJURY (Per person)	1	
	MIRED AUTOS NON-OWNED AUTOS	5					BODILY INJURY (Per accident)	s	
		<u>.</u>					PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY	;					AUTO ONLY - EA ACCIDENT	s	
	ANY AUTO						OTHER THAN EA ACC	3	
							AUTO ONLY AGG	\$	
A	EXCESS (,IABILITY	٦	1J50384-03			08/01/03	EACH OCCLARENCE	:5,000,000	
	X OCCUR	CLAMS MADE			08/01/02		AGGREGATE	\$5,000,000	
								\$	
	DEDIACTIBLE	_					ļ	5	
		s O		-			WC STATU-   OTH-	1	
A	WORKERS COMPENSATION EMPLOYERS LIABILITY	ON AND	1H50384-03			08/01/03	▲ TORYUMITS ER		
					08/01/02		E L EACH ACCIDENT	\$ 500,000	
							E L DISEASE - EA EMPLOYEE	5 500,000	
_	OTHER			<del> </del> -	,	1	E L. DISEASE - POLICY LIMIT	\$ 500,000	
'n.		lantar	1C50384-03		00/01/00	00/01/02			
A A	Equipment Fl Builders Ris		1C50384-03 1C50384-03		08/01/02 08/01/02	08/01/03 08/01/03	11 da 7	10.000.000	
			EXECUTIONS ADDED BY ENDORS			00/01/03	Bldg Lint	10,000,000	
			resa Street Grit ditional insured	_	Improvemen	ts, Lincoln	, NE <i>:</i>		
EP.	TIFICATE HOLDER	Y ADD	TIONAL INSURED; INSURER LETTE		CANCELLATIO	)N	<del> </del>		
CITYLIN  City of Lincoln  555 South 10th Street Lincoln NE 68508					SHOULD ANY OF THE ABOYE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL  NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL  IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR  REPRESENTATIVES.  BUTHORIZED REPRESENTATIVE				
					Kirk Johnson				
==	00.05.0 (7/07)						@ 400BD 00	DDADATION 1000	

Date: 12/16/02 01:00 AM Page: 3 of 3

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or after the coverage afforded by the policies listed thereon.

ACORD 25-\$ (7/97)